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INTERNATIONAL REVIEW OF THE RED CROSS

MARCH 1973 – No. 144

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**FRENCH EDITION
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**REAFFIRMATION AND DEVELOPMENT
OF INTERNATIONAL HUMANITARIAN LAW
APPLICABLE IN ARMED CONFLICTS**

CONFERENCE OF GOVERNMENT EXPERTS

II

Last month we reproduced passages of the two volumes recently published by the ICRC on the work of the second session of the Conference of Government Experts which was held at Geneva from 3 May to 2 June 1972.¹ The passages concerned were taken from the reports by Commissions II and III; the excerpts below are taken from the reports on the work of Commissions I and IV.

The task of Commission I was to study the problem of "increased protection for civilian medical personnel and for their hospital installations, ambulances and other medical material" (cf. Resolution XVI of the XXIst International Conference of the Red Cross). At the first session of the Conference of Government Experts, a draft Protocol was drawn up. This later became Part II of a Draft Additional Protocol to the Four Geneva Conventions of 1949 and was submitted by the ICRC for consideration at the second session of the Conference of Government Experts. It was then necessary for "shipwrecked persons" to be added to the list of those enjoying special protection in Part II.

1.11 The term "shipwrecked" was also included in the definitions. In the draft produced at the first session of the Conference of Government Experts in 1971, the protection of the wounded and sick was to be an addition to the Fourth Geneva Convention.

¹ Conference of Government Experts on the Reaffirmation and Development of Humanitarian Law Applicable in Armed Conflicts. *Report on the Work of the Conference*. ICRC, Geneva 1972. Two vols. (209 pp & 116 pp), Sw. Fr. 25.— for the two volumes.

Since the new draft Protocol submitted by the ICRC was to be annexed to all four Conventions, the shipwrecked were included throughout the Protocol wherever there was mention of wounded and sick persons. This, however, postulated previous definition of the term “ shipwrecked ”. In this connection, the view was expressed that the question of the adaptation of Part II of the draft Protocol to the Second Geneva Convention should be the subject of further study.

In the course of discussions, it was found that it would be desirable to specify the special protection to be accorded to the wounded and sick and even to extend it to other persons.

1.14 The Commission discussed whether special protection should extend also to new-born babies. One view was that this was not necessary, since these babies, if sick, were covered by the present article and, if not sick, they were covered by Article 57 of the draft Protocol and by the general provisions on the protection of all civilian persons. The Commission favoured the other view, that, since maternity cases were included in this article, it was logical to include the new-born, as they certainly needed special care, even when they were not sick. It was further proposed, instead of listing all the additional categories (infirm persons, expectant mothers, maternity cases and new-born infants), to include a general clause “ and other persons needing medical care ”. The Commission was in favour of listing all the additional categories in Article 12 only; other articles should refer as necessary to Article 12, in order to avoid repetition of such a long list.

The protection of the wounded and sick implies the prohibition of pseudo-medical experiments. The experts did not, however, agree on a definition of prohibited acts.

COMMISSION'S DRAFT

Article 13.—Protection of persons

1. All acts, whether of commission or omission, that endanger the physical or mental well-being of any protected person are prohibited.

2. Accordingly it is prohibited to subject protected persons to physical mutilation or to medical or scientific experiments of any kind, including the removal or transplant of organs, which are not justified by the medical, dental or hospital treatment of the person concerned and carried out in his interest. This prohibition applies even in cases where the protected person gives his assent.

1.16 While accepting the general principle that this article should prohibit all unlawful acts endangering health, the Commission endeavoured to word it with the greatest precision. It discussed the terms “unjustified”, “illegal”, “wrongful” and “culpable”. One view was that it was necessary to prohibit any act endangering health. Another view was that it was impossible to omit any qualification, because there were acts which endangered health but which were permitted (in surgery, for instance, where dangerous operations necessary for the long-term health of the patient were undertaken, or in self-defence). In discussing the term “illegal”, one view was that this term may permit acts dangerous to health which it was intended to prohibit. Some doctors tried to defend their behaviour in the Second World War on the ground that it was in conformity with the law in force in their country at the time. The other view was that the term “illegal” covered both municipal law and international law, including humanitarian law, and therefore could not be taken as an excuse for committing acts which endanger health. It was also proposed to use the term “unjustified”, as it covered both legal and moral rules. Another proposal was to say “all unlawful acts or omissions contrary to the rules and general principles of International Humanitarian Law”. The experts were unable to agree on one term and therefore recommended the text proposed by the Drafting Committee with alternatives. It was also proposed to add “wilful” (CE/COM I/2) omissions, considering that only such acts were intended to come within the prohibition of Article 13.

The protection of the wounded and sick implies the protection also of civilian medical establishments and units, which had not been provided for in the Conventions. The problem here was to determine the conditions under which States were prepared to grant such protection.

1.20 ² The principle of the extension of protection to all kinds of civilian medical institutions was accepted as one of the main new additions to the Geneva Conventions, and the Commission discussed various questions in relation to this extension. As this principle was subject to observance of the condition that such institutions would refrain from committing acts harmful to the enemy, as stated in the following article, it was proposed to begin the article with the words “Subject to the provisions of Article 15 (1)” (CE/COM I/2). The Commission felt, however, that this was not necessary, since Article 14 expressed the principle, and exceptions were given in other articles.

1.22 The Commission discussed the question whether protection should be given only to permanent medical establishments and units which exclusively serve this purpose, or also to temporary ones. It was agreed that temporary institutions should also be protected, but only during the time when they were engaged in this humanitarian mission; therefore, the words “permanent and temporary” should be added. Corresponding changes should be introduced in the definitions (Article 11).

1.23 In order to ensure that only those institutions devoted to the treatment of the wounded and sick may claim protection under this article, it was proposed and agreed that such institutions should be recognized by the competent authorities of each State on whose territory they function.

Only civilian hospital trains and civilian medical vehicles travelling on land in convoy are protected by Article 21 of the Fourth Convention. It was therefore necessary to provide the same protection to civilian medical transports moving singly and to those on water.

Civilian medical personnel will also be entitled, under certain conditions, to special protection.

² Cf. CE/COM I/2, 5 and 13.

1.37³ The Commission discussed many questions relating to this article, endeavouring precisely to regulate the categories and conditions of the protection extended by the draft Protocol to such personnel. A proposal was made (CE/COM I/4) to extend to temporary medical personnel the protection afforded to permanent medical personnel. The view was accepted that temporary personnel should also be protected while employed on medical duties: this would cover those persons carrying out certain missions or tasks in the protected institutions, such as, for example, doctors and professional medical personnel not otherwise employed in protected institutions, persons trained for specific duties, such as first-aid teams, etc. A special paragraph 3, for such personnel, was added, based on the wording of Article 20, paragraph 3, of the Fourth Convention.

1.41 The limits of the assistance to be rendered to medical personnel and the facilities to be given in cases when they fell into the hands of the adverse party (paragraphs 3 and 4) were discussed together. One view was that the limitation of this assistance by the requirements of security and the words “in so far as possible” (see also CE/COM I/13) would make it ineffective, and that in principle such clauses should be avoided. The opposite view was that it was unreasonable to expect Parties to the conflict to give assistance and facilities; the rule should be limited to binding the Parties not to prevent personnel from performing their duties (CE/COM I/2). After discussion a working group was formed, composed of experts of eight countries which had submitted written or oral amendments to these two paragraphs; the group proposed a text (CE/COM I/12), which the Commission accepted. In it, a difference was made between occupation, in which case the principle was set that “every assistance shall be given”, and invasion, in which case “all assistance that is possible shall be given”. In both cases, the access to places where their services were required was made subject to such measures of supervision and security as were necessary. One view, supported by others, was that the word “security” should be deleted, but the majority felt that this word should remain.

³ Cf. CE/COM I/15.

Persons engaged in medical activities should also be protected. The text proposed by the Commission indirectly protects civilian medical personnel who do not fulfil the conditions required to claim special protection.

COMMISSION'S DRAFT

Article 19.—Protection of medical duties in general

1. In no circumstances shall any person be punished for carrying out medical activities compatible with professional ethics, regardless of the persons benefitting therefrom.
2. In no circumstances shall any person engaged in medical activities be compelled by any authority to violate any provision of the Conventions or of any Protocol thereto.
3. No person engaged in medical activities may be compelled to perform acts or to carry out work contrary to professional rules designed for the benefit of persons listed in Article 12 of this Protocol or to abstain from acts demanded by such rules.
4. No person engaged in medical activities shall be compelled to inform an adverse Party of persons listed in Article 12 who are under his care. An exception shall be made in the case of compulsory medical regulations for the notification of communicable diseases, which shall be respected.

1.49 It was agreed that while the term “medical personnel” as used in Article 18 meant personnel working in medical establishments which enjoyed special protection under this Protocol, the purpose of Article 19 was to protect the performance of medical activities and should cover all persons who were engaged in such activities, regardless of whether they were in protected institutions or not. In order to make this clear, the words “medical personnel” were changed to “any person engaged in medical activities”.

1.51 The question was discussed whether to limit the scope of paragraph 3 of this article to physicians and surgeons, or to extend it to all categories of medical personnel. The view prevailed that

it should cover all categories of medical personnel who in their work had to respect professional rules of the medical profession.

1.53 The attention of the Commission was drawn to the fact that in some small ships or isolated units or places, urgent medical acts, including minor surgery, might be performed also by skilled personnel, in cases when there were no medical personnel available, and that such practice might be contrary to some professional rules. An amendment was formulated to cover this situation but it was not adopted.

The Commission then examined the problem of medical air transport. The provisions in the 1949 Geneva Conventions subjecting medical air missions to prior agreement had in effect "grounded" medical aircraft.

1.67 Before examining the articles on medical air transport, a general debate was held in the Commission, in which this subject was approached from various angles.

One expert pointed out that the chances of survival of a wounded man would be greatly increased if he were evacuated quickly to a medical establishment or unit where he could receive adequate treatment. New methods of signalling could ensure that the medical aircraft was more easily identified.

In the interest of the evacuation of the wounded, medical flights in areas under the control of the Party using medical aircraft need be subject only to the requirement that they should approach the battle area as medical aircraft as well as leave it as such.

For the overflight of territory under the control of the adverse Party, only tacit agreement should be required (see CE/COM I/1).

Under this proposal, the medical aircraft should be placed under the control of the military services of a Party to the conflict. The proposal of this expert was supported by several others.

One expert, seconding the idea that no prior agreement was required in the battle area, submitted an amendment to that effect (CE/COM I/10).

Another expert submitted a document (CE/COM I/6) in which his concept of the rules for medical air transport was presented. He considered that the proposal mentioned above referred mainly to military medical aircraft used in battle areas, while in his proposal he paid particular attention to the use of civilian medical aircraft and the transport of wounded in long-range flights to distant hospitals. He pointed out that the progress from the humanitarian point of view consisted in allowing the medical aircraft to fly without prior agreement also in the battle areas. In principle, he was in favour of the proposal submitted by one expert (CE/COM I/1). He developed in particular the idea of the necessity of internationalizing medical aviation, of rendering assistance to all the Parties to the conflict by neutral States and international organizations, in order to eliminate the difference in availability which could exist between Parties to a conflict in modern means of medical air transport.

Several experts criticized the document submitted by one expert (CE/COM I/1). One of them pointed out that the technical progress achieved should be viewed in the light of military, political and humanitarian aspects, and therefore he had great reservations as to the proposals to change the norms established in the Conventions concerning air transport. The new proposals discriminated against States which did not have modern technical means of air transport, so that the proposed rules would legislate in favour of the Party to the conflict which was privileged in this respect. The law should not favour such a discrimination, which would not be realistic. It would be against small States and liberation movements, which were devoid of technical means. Modern technology served to dehumanize war and to increase the suffering of those who did not possess it. All the Parties to the conflict should have the possibility of having modern means of medical air transport. Furthermore, the proposed rules would infringe sovereign rights, which was

unacceptable. Therefore, the operation of medical aircraft without prior agreement was not acceptable.

Several experts supported the declaration of the experts mentioned in the preceding paragraph. One of them pointed out that the use of aircraft without prior agreement would be a threat to the security of the Parties to the conflict, that it would be difficult for a commander to expose his combatants to the danger of an enemy aircraft flying over his lines and gathering intelligence data, etc. The proposed rules would affect the balance which should be maintained. He submitted amendments to the text proposed by the ICRC (CE/COM I/11). Other experts, who supported the declaration mentioned in the preceding paragraph, pointed out that the new legislation should not be made over the heads of small countries now at war, and that all interests, not only technological reasons, should be taken into account. Another emphasized the necessity to have in mind the views of developing countries. One expert, while supporting the said declaration, submitted two amendments (CE/COM I/5 and 7), according to which flights in areas of military operations should be permitted only by agreement.

One expert, supporting the proposals made in document CE/COM I/1, expressed the idea that the Parties to the conflict should collect the wounded of all Parties. The idea, another expert remarked, was idealistic, as the Party collecting the enemy wounded would make them prisoners of war.

One expert stated that he was in favour of practical measures to facilitate the movement of the wounded and sick and therefore supported the proposal made under document CE/COM I/1 with one major reservation; he had submitted amendments to that text (CE/COM I/8). In CE/COM I/1, he said that the distinction between the situation covered by Articles 25 and 26 would create confusion, because both areas were completely undefined, and could change from hour to hour, while the rules were quite different. He considered that military commanders would be placed in an unacceptable position if they were obliged to agree to the passage of an alien aircraft through the air space under their control; even

in peacetime, overflight by an unidentified aircraft without prior clearance was not permitted. He would agree with the idea behind one amendment (CE/COM I/5), but not with the text, because such a text would prevent a medical evacuation in the areas of military operations. He proposed therefore the addition of the following words: " Even if prior agreement has not been obtained, a medical aircraft shall not be the object of attack by any person who has positively identified it in time as a medical aircraft ".

An expert, replying to the suggestion that medical aircraft would provide an advantage to the technologically advanced countries with air superiority, reminded the Commission that under the principle of non-discrimination the wounded of both sides would benefit from rapid air evacuation. He pointed out also that a Party with air superiority did not need medical aircraft for reconnaissance or the performance of hostile acts. He added that if medical aircraft were allowed to operate freely in the battlefield, medical aircraft might be the only aircraft flying on the side which lacked air superiority.

One expert pointed out the role which international medical aircraft might have in cases of natural disasters which might occur also in time of war.

After examining the terminology and the conditions of the special protection that should be granted to civilian and military medical aircraft, Commission I studied the conditions under which such aircraft could enjoy that protection when removing wounded from a battle area.

1.80 The Commission discussed thoroughly the principles on which a medical aircraft would be allowed to operate in the battle area (see CE/COM I/1, 5, 6, 8, 10 and 11). One view was that, in the interest of quick evacuation of the wounded and sick, medical aircraft should be allowed to operate freely (CE/COM I/1) and that they should notify their presence by various means of signalling and identification. The opposite view was that the use of aircraft in the battle area could be permitted only by agreement between the

local military commanders (CE/COM I/5), because considerations of military necessity and in particular the security of armed forces in the battle area should be taken into account. In this discussion, arguments and reasons in favour of various solutions on medical air transport were advanced and developed. The view prevailed that in principle an agreement was necessary. The ICRC French text “autoriseront” was not clear. One written amendment (CE/COM I/5) was taken as a basis for the formulation, but was amended by other experts. In this way, the majority was in favour of a formulation according to which an agreement was necessary in principle, and could be concluded in any possible way. There were, however, exceptions to this principle which were formulated in other paragraphs of this article. In the process of drafting, this formulation was changed to some extent. One expert declared his dissatisfaction with the change introduced in an already accepted text, but the majority was of the view that the new formulation was acceptable.

Such protection would be illusory if effective identification systems were not employed. A technical subcommission therefore examined supplementary signalling and identification systems that could be employed, in addition to the distinctive sign, by medical aircraft.

1.92 The proposal was made to compel the Parties to the conflict to adopt modern techniques of identification (CE/COM I/1). One expert pointed out that this rule did not obligate States to invest in sophisticated equipment to identify medical aircraft, unless they possessed sophisticated surface-to-air or air-to-air missiles capable of destroying beyond visual range. Some doubts were expressed concerning the advisability and feasibility of obliging developing countries to acquire expensive equipment to receive signals transmitted by medical aircraft. It was stressed that it should be possible for all States, rich or poor, to agree to this Protocol. The view prevailed that the formulation should be qualified with “shall do its utmost to adopt”.

1.94 The Commission agreed, on the recommendation of the Technical Sub-Commission on “Marking and identification of

medical transports”, to establish a rule which would permit the technical methods, practices and procedures for identification of medical aircraft, set out in Annex II to this Protocol, to be revised and amended from time to time, in accordance with technological developments (see Commentary on Article 23).

* * *

Commission IV examined measures to reinforce the application of the law. One of the documents submitted to the Conference contained governments’ replies to an ICRC questionnaire.⁴ The experts discussed at length the provisions for the application of the 1949 Geneva Conventions, and gave the following ICRC proposal a very attentive scrutiny :

Article 6.—Appointment of Protecting Powers and of their substitute

1. For the sole purposes of applying the Conventions and the present Protocol, each of the Parties to the conflict has the obligation to appoint a Protecting Power from the beginning of the hostilities, and must accept the activities on its territory of a Protecting Power appointed by the adverse Party. If, despite the foregoing, the appointment of a Protecting Power is not made, the Parties to the conflict shall accept, as substitute, the International Committee of the Red Cross or any other impartial humanitarian organization.
2. The appointment and the acceptance of a Protecting Power, or of its substitute, for the sole purposes of applying the Conventions and the present Protocol, have no effect on the reciprocal legal status of the Parties to the conflict and, in particular, do not involve recognition of the adverse Party as a State.
3. The maintenance of diplomatic relations between the belligerent States does not constitute an obstacle to the appointment of Protecting Powers or of their substitute.

4.56 Article 6, paragraph 1

By far the most important question before the Commission was how to improve the implementation of the Conventions. In this

⁴ Questionnaire concerning measures intended to reinforce the implementation of the Geneva Conventions of August 12, 1949: Replies sent by governments, Geneva, April 1972. Doc. D-O-1252/b/e and Add. 1-3.

connection, the ICRC had formulated a draft article concerning the designation and acceptance of Protecting Powers and their substitute (Article 6), and it had left room for provisions to be made concerning a permanent body (blank Article 10). The Commission decided to discuss these two articles together.

4.57 As the legal expert of the ICRC pointed out in his introductory remarks, the answers of Governments to the questionnaire sent out by the ICRC had brought out three tendencies in this respect: to maintain the existing system without change, to supplement it with an improved procedure as to designation of Protecting Powers, and to add new supervisory bodies, *e.g.* in the framework of the United Nations. The second of these tendencies was supported in a majority of the answers received. There was moreover a general tendency to reinforce the rôle of the ICRC, and there was support for the view, urged already at the first session of the Conference of Government Experts (1971), that Parties to a conflict must be provided with a broad choice of possible alternatives.

4.58 The ensuing debate confirmed the tendencies outlined in the preceding paragraph. The need for a better implementation of the Conventions and, in that connection, for a more satisfactory functioning of the supervisory mechanisms provided in the Conventions was emphasized from all sides. For certain experts this did not, however, imply the necessity of adding any new rules. They declared themselves satisfied with the existing rules, which, according to one of them, struck the right balance between sovereignty and the humanitarian interests involved. In the view of these experts, the existing rules merely needed to be applied in good faith by the respective Parties, a factor which had been lacking only too often in the past. One expert therefore proposed to lay down the requirement of good faith in a separate provision.

4.59 One expert expressed as his opinion that the co-operation of Protecting Powers or of a substitute organization need not be necessary in all cases. He therefore proposed to reduce paragraph 1 of draft Article 6 to the statement that any Party to the conflict

can appoint a Protecting Power or substitute organization if it considered this useful. This extreme view was not supported by other experts. Certain other experts referred to in the previous paragraph did, however, lay stress on the prime responsibility of the Parties to the conflict for the correct application of the Conventions.

4.60 The main tendency among the experts was to urge the need for additional rules which would strengthen the existing implementation machinery of the Conventions. The ideas expressed in this respect were both of a fundamental and of a practical nature.

4.61 A first such fundamental idea, expressed already in draft Article 6 and supported by an overwhelming majority of the experts, was that Parties to a conflict were under an obligation to seek the co-operation of Protecting Powers or of a substitute organization. This obligation was brought out in a number of the written proposals relative to draft Article 6.⁵

4.62 An issue of fundamental importance here was whether the appointment of Protecting Powers or of a substitute organization could be an automatic affair, not depending on the express consent of the Parties to the conflict actually concerned. A number of experts held that a rule laying down such automatism was perfectly possible and even desirable. It was, however, widely recognized that this automatic procedure would not apply to the designation and acceptance of Protecting Powers themselves and that consent would be an indispensable requirement here, as no State could be expected to accept the activities on its territory of any Protecting Power its adversary might choose to designate. Only one written proposal clearly dispensed with this element of consent.⁶

4.63 For most of the experts advocating an automatic solution, this automatism would operate in the appointment of a substitute organization, after attempts to designate a Protecting Power would have failed.⁷ Another form of automatism, equally favoured by

⁵ See in particular CE/COM IV/1-2-3-4-9-11-20-21-26.

⁶ CE/COM IV/26.

⁷ CE/COM IV/1-2-3-5-11-26.

a number of experts, consisted in the automatic functioning of the ICRC at the outset of any conflict until such time as Protecting Powers would effectively perform their functions.⁸

4.64 Any such automatism and denial of the requirement of consent *ad hoc* were denounced by a number of experts as incompatible with the realities of present-day international relations, the concept of sovereignty and the fundamental principles of international law, such as the principle of sovereign equality and self-determination of States, as expressed in the Charter of the United Nations and in the Declaration on Principles of International Law concerning Friendly Relations and Co-operation among States in Accordance with the Charter of the United Nations.

4.65 Other experts held that sovereignty was not, and had never been, an absolute concept. Moreover, it was within the sovereign rights of States to agree on the creation of machinery which would operate automatically once the circumstances foreseen in the agreement would have occurred. The element of consent necessary for the operation of the machinery thus created would therefore already have been expressed in the previously concluded agreement.

4.66 Another aspect of any such automatic solution was the existence of organs able and willing to act as automatic substitutes. Among existing institutions, the ICRC was widely regarded as the body most suited to take on this rôle, both in the event of failure to designate Protecting Powers and as an intermediate substitute at the outset of the armed conflict. Some experts, who did not consider the ICRC such a suitable substitute for Protecting Powers, proposed that a new permanent body, to be created, be entrusted with this task.⁹

4.67 Those experts who considered the ICRC to be the most suitable automatic substitute asked whether, in fact, it was willing to undertake these functions. It was only after the Commission had debated draft Articles 6 and 10 and the working group entrusted

⁸ CE/COM IV/10-15-21-22-26.

⁹ CE/COM IV/3 and 48.

with the examination of those articles had begun its work (see below, paragraphs 4.78 ff.) that this question was answered: it had necessitated discussion within the International Committee itself. The matter is referred to at this stage because of its importance.

4.68 As expressed by its representative, the position of the ICRC amounted to a willingness to assume the functions of Protecting Powers at any time when it considered this to be necessary and feasible. The ICRC did not, however, wish that there should be a legal obligation, by virtue of an international instrument, for it to act as an automatic substitute; it preferred to retain its liberty to offer its services to Parties to a conflict. It would make such an offer only under the conditions that its services were acceptable to both Parties and that it would have at its disposal the financial means and manpower required for the task. In other words, while it could not accept a formula to the effect that it would be obliged in certain circumstances automatically to act as substitute, it did not object to a provision urging the Parties to the conflict to accept in such circumstances an offer on its part to act as such. Especially with regard to its functioning as a temporary substitute at the outset of an armed conflict, the representative of the ICRC moreover voiced his serious misgivings, as such a practice might easily result in Parties' to the conflict losing all interest in the designation of Protective Powers. The ICRC would certainly not do anything that might diminish their active interest in this regard.

4.69 Another matter of major interest in this connection was the nature of the functions of Protecting Powers. A number of experts emphasized that Protecting Powers or their substitutes should perform their functions not only in the interests of the respective Parties to the conflict but also as the agents of the international community or of the collectivity of the High Contracting Parties. One expert made this view the subject of a written proposal.¹⁰ Several experts urged in this connection that the functions of a Protecting Power under the Conventions and the Draft Protocol be clearly separated from the diplomatic and political functions performed by a Power safeguarding the interests of a Party to the

¹⁰ CE/COM IV/1.

conflict. It was on the other hand recognized that a Power safeguarding the interests of a Party to the conflict would have to perform the functions of a Protecting Power under the Conventions and the Protocol as well.

4.70 As for the precise scope of the functions of Protecting Powers and substitute organizations, some experts, unlike those mentioned in the preceding paragraph, held that a Protecting Power, by definition, performed tasks that blended together diplomatic, political and humanitarian tasks, and that, hence, a humanitarian organization such as the ICRC could never assume all the tasks of a Protecting Power without changing its character. Other experts held that the functions of a Protecting Power included the investigation and publication of violations of the Conventions and of the Protocol¹¹ and they pointed out that the ICRC, whose traditional task was to provide humanitarian relief, had constantly refused to perform this function of investigation and publication of violations.

4.71 The representative of the ICRC pointed out that where a State carried out the functions of a Protecting Power safeguarding the interests of a Party to the conflict and of a Protecting Power under the Conventions, it was perfectly possible to distinguish the two functions. All the functions of Protecting Powers under the Conventions were humanitarian in nature and, as it had been stated at the time of the first session of the Conference of Government Experts (1971), the ICRC was ready to take on those functions whenever necessary and possible. While it was not right to say that the traditional tasks of the ICRC had been limited to relief, and while in the performance of its supervisory functions it had always reported its findings to the interested Parties, it was not a public organ of enquiry publishing the result of its investigation and reporting on cases of violations. Neither did this belong to the traditional tasks of Protecting Powers. Indeed, each of the Conventions contained an identical article providing for enquiries' into alleged violations being instituted "in a manner to be decided

¹¹ Most explicitly: CE/COM IV/26.

between the interested Parties”.¹² Even this method had never been applied in practice.

4.72 Certain experts, who favoured the idea of an automatic “fall-back” institution for all cases and who had deduced from the answers given by the representative of the ICRC that this organization did not intend to have itself converted into such an institution, were now, even more strongly than before, convinced of the necessity of creating a permanent supervisory body under Article 10 of the Draft Protocol. A text for that article was proposed.¹³ Other proposals, while not intended to fill the blank space left for that article, likewise referred to the functioning of a permanent body, whether as an automatic “fall-back” organization¹⁴ or as one among other possible substitutes.¹⁵ These proposals drew the support of some experts, who referred to such examples as the High Commissioner for Refugees. One expert urged in this connection the establishment of a High Commissioner for Human Rights. A number of experts, on the other hand, declared themselves firmly opposed to the idea of creating any new supervisory body besides the existing machinery. One expert pointed in particular to the financial consequences of such a step, and he stated that his Government would certainly not be in a position to take on any additional burdens.

4.73 One feature of the debate on the fundamental aspects of the implementation system which emerged with particular clarity was the absence of any suggestion to abolish the system of Protecting Powers as such. Indeed, most of the comments and proposals that were made aimed precisely at maintaining and improving that system.

4.74 As for the practical side of the matter, the text proposed by the ICRC was criticized from many sides as being ambiguous; for, while its first sentence suggested that it did away with the element of consent, its second sentence seemed to reintroduce this element in that it evidently presupposed the possibility for Parties to a conflict not to accept a certain State as Protecting Power. It

¹² Conv. I/52, II/53, III/132, IV/149.

¹³ CE/COM IV/48.

¹⁴ CE/COM IV/3.

¹⁵ CE/COM IV/20.

was later explained by the representative of the ICRC that it had never been the intention to discard the element of consent and that the designation and acceptance of a Protecting Power had always been regarded as a triangular relationship.

4.75 In order to meet the difficulties which the designation and acceptance of Protecting Powers had encountered in the past, a number of proposals were made. It was suggested that Parties to a conflict should draw up lists of possible Protecting Powers and communicate these lists to their adversary, *e.g.* through the ICRC.¹⁶ An amendment to this idea was that such lists should be drawn up already in time of peace by all States Parties to the Conventions and the Protocol, and that they should be deposited with the Depositary Government.¹⁷ Another proposal was that notifications of all steps concerning the designation of Protecting Powers be addressed to the ICRC.¹⁸ In the same connection, a suggestion was put forward that negotiations concerning the designation of Protecting Powers be conducted under the auspices of, or via, the ICRC or the United Nations.¹⁹ An idea expressed in the course of the debate was that, in the event of failure on the part of the Parties to the conflict to agree on the designation of Protecting Powers or of a substitute organization, the United Nations should have power to appoint such Powers or a substitute organization. The written proposal concerning this idea, however, merely suggested that the United Nations could in that event designate Protecting Powers or a substitute which then would have to be accepted by the Parties to the conflict.²⁰ A number of proposals contained fixed time limits for the designation of a Protecting Power, the acceptance or refusal of such designation, and the designation or automatic operation of a substitute organization.²¹ Other proposals favoured more flexible indications, such as “without delay” or “within a reasonable time”.²² An idea of a slightly

¹⁶ CE/COM IV/5.

¹⁷ CE/COM IV/11.

¹⁸ CE/COM IV/2.

¹⁹ CE/COM IV/5 and 21.

²⁰ CE/COM IV/9.

²¹ CE/COM IV/1-2-3-4-5-20.

²² CE/COM IV/21-26-28.

more general nature was that a Party to the conflict, when declining the proposals made by its adversary concerning the designation of a Protecting Power, should accompany its answer with such suggestions as might permit the adversary to make a new proposal.²³ Finally, one expert introduced a proposal spelling out that a Party to the conflict might appoint as Protecting Power any impartial State not openly hostile to the adversary.²⁴

4.76 One expert, referring to the Draft Regulations for the execution of the Geneva Conventions of 12 August 1949 proposed by the Government of Monaco,²⁵ pointed out that several of the proposals appearing in the amendments suggested by the experts were similar to those included in the Monaco Draft Regulations.

4.77 The representative of the Secretary-General of the United Nations noted that there seemed to be agreement on the necessity of making the system of Protecting Powers as effective as possible, in particular by preparing its functioning in time of peace. He also underlined the utility of temporary measures which would be taken at the outset of a conflict, pending the putting into effect of the system of Protecting Powers. As to the designation of Protecting Powers or their substitutes, he considered that there would be a better chance of their rôle as provided in the Conventions being accepted if the interested Parties were left with a freedom of choice and if they were offered a wide range of possibilities: the greatest possible number of States willing to fulfil these delicate functions, and, in the event that this might fail, the ICRC, or other impartial and humanitarian organizations which might be acceptable to the Parties. In this respect, he recalled the views expressed by the Secretary-General in his second report on respect for human rights in armed conflicts (Doc. A/8052, Chapter XI), and in particular the possibility of *ad hoc* arrangements on the model of the UNESCO Convention concerning the protection of cultural property. In reply to certain remarks made in the course of the debate, the representative of the Secretary-General recalled that the Draft Protocol

²³ CE/COM IV/2.

²⁴ CE/COM IV/25.

²⁵ Attached as an Annex to ICRC Document D-0-1252/b/e.

under consideration could never have the effect of limiting the scope of action of the United Nations bodies in conformity with the Charter; by virtue of its very text the Charter would prevail over any other international agreement.

4.78 After the representative of the ICRC had thanked the Governments which had sent in their answers to the questionnaire and the experts for having taken part in the discussion and submitted proposals, the Commission decided to refer the further examination of the various proposals to a working group...

4.79 The working group gave careful consideration to the proposals and suggestions made. It selected certain main tendencies which it laid down in a number of alternative proposals.²⁶ It considered that its proposals provided the variety of choice and flexibility desired by the Commission. The working group did not retain any of the proposed detailed procedures for the designation and acceptance of Protecting Powers or a substitute organization, as it understood that it was not a lack of procedure which in practice had led to the defective functioning of the implementation system envisaged in the Conventions. Nor did it include any provision defining the functions of Protecting Powers; it did, however, note that the question of a possible function of Protecting Powers with respect to Parts III ("Combatants") and IV ("Civilian Population") remained to be studied in the light of the texts that were to be drafted for these two Parts.

WORKING GROUP ²⁷

4.80 *Article 6, paragraph 1*

ICRC note. The working group submitted a draft consisting of seven paragraphs, to take the place of paragraph 1 of Article 6 of the ICRC draft.

1. From the beginning of a situation provided for in Article 2, common to the Conventions, each Party to the conflict, in the absence of a

²⁶ See hereafter paragraph 4.80.

²⁷ In the reports of the Drafting Committee or the working groups, texts have been placed in square brackets when no general consensus was reached on a specific single proposal.

Power whose duty it is to safeguard its interests, shall designate, for the sole purposes of applying the Conventions and the present Protocol, a Protecting Power and shall permit the activities of a Protecting Power designated by the adverse Party and accepted as such.

2. Proposal 1: [At any time when persons protected by the Conventions and by the present Protocol do not benefit or cease to benefit, no matter for what reason, by the activities of a Protecting Power, the Parties to the conflict shall endeavour to act promptly to designate and accept Protecting Powers to carry out such activities.]

Proposal 2: [The Parties to the conflicts shall endeavour to ensure as soon as possible the co-operation and scrutiny of Protecting Powers.]

[3. Where a Party to the conflict refuses to accept a designation of a Protecting Power, it shall offer suggestions which will permit the designating Party to make another choice and will communicate these suggestions to the designating Party.]

[4. In the situations covered by paragraph 2, if a Protecting Power has not been designated and accepted within fifteen days, the International Committee of the Red Cross shall request each of the Parties concerned to submit a list of at least... possible Protecting Powers acceptable to it for that purpose. These lists shall be submitted within ten days to the International Committee of the Red Cross, which shall compare the lists and seek the agreement of any Protecting Powers named on both lists.]

5. Proposal 1: [If, despite the foregoing, persons protected by the Conventions and by the present Protocol continue not to benefit, no matter for what reason, by the activities of a Protecting Power, the International Committee of the Red Cross shall be accepted as a substitute for the Protecting Power.]

Proposal 2: [If, despite the foregoing, persons protected by the Conventions and by the present Protocol continue not to benefit, no matter for what reason, by the activities of a Protecting Power, a humanitarian body, such as the International Committee of the Red Cross, if acceptable to both Parties to the conflict, shall be accepted as a substitute for the Protecting Power.]

Proposal 3: [If, despite the foregoing, the appointment of a Protecting Power is not made, the Parties to the conflict shall accept, on the territories under their control, the activities of a humanitarian body, such as the International Committee of the Red Cross, appointed by the adverse Party and recognized by both Parties, or, in the last resort,

proposed by the United Nations Organization and recognized by the Parties.]

[6. From the beginning of any situation provided for in Article 2, common to the Conventions, each of the Parties to the conflict shall accept the offer of the International Committee of the Red Cross to perform the activities of a Protecting Power under the Conventions and this Protocol unless, or until, one or more Protecting Powers are effectively carrying out such activities.]

7. Whenever in the present Protocol mention is made of a Protecting Power, such mention also applies to substitute organizations in the sense of Article 2 of the present Protocol.

4.81 Views of experts who spoke on the drafts

A majority of the experts were in favour of the seven paragraphs submitted by the working group, and expressed their preference for proposal 1 in paragraph 2 and proposal 1 in paragraph 5.

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The wide dissemination of knowledge of the Geneva Conventions being one essential to ensure their application, Commission IV examined the following draft article :

Article 76.—Dissemination

1. The High Contracting Parties undertake, in time of peace as in time of armed conflict, to disseminate the text of the present Protocol as widely as possible, in their respective countries, and, in particular, to include the study thereof in their programmes of military and civil instruction, so that it may become known to the armed forces and to the civilian population.

2. The military and civilian authorities who, in time of armed conflict, assume responsibilities in respect of protected persons and property, must be fully acquainted with the provisions of the present Protocol.

4.149 Introducing the subject, the legal expert of the ICRC underscored that the Red Cross considered dissemination of the humanitarian rules as one of the essential measures most appropriate to improve their application. He recalled the important rôle performed

in this field by the National Societies of the Red Cross, the Red Crescent, and the Red Lion and Sun, as auxiliaries of the public services. He indicated that paragraph 1 of this draft article was based on, and supplemented, a common article of the Conventions. Paragraph 2 had already evoked comments on the part of experts who considered that the word “spécialement” in the French text lacked clarity and that it was not advisable here to isolate the Protocol by not referring to the Conventions.

4.150 The representative of the Secretary-General of the United Nations recalled that the General Assembly, in resolution 2853 (XXVI) of December 1971, had invited the Member States to intensify their efforts to ensure the instruction in and dissemination of international norms relating to the protection of human rights in armed conflicts; the Secretary-General had been invited to encourage these activities with the means at his disposal. As the Secretary-General had already suggested in his first report (A/7720), the Member States could in particular utilize to this end the programme of consultative services of the United Nations in the field of human rights; this allowed the exchange of concrete experiences, notably by the organization of international seminars and the grant of fellowships. The positive character of this programme was widely recognized.

4.151 The experts generally approved the draft article.

4.152 It was proposed to complete it with a third paragraph which would stipulate that Contracting Parties must at regular intervals report to the Depositary State and the ICRC about the measures taken in conformity with the undertaking in the first paragraph.²⁸ Another proposal concerned the translation of the Conventions and the Protocol, by each Contracting Party, and at its own expense, into the language of its nationals.²⁹

4.153 To ensure effective application of this draft article, one expert put forward a number of suggestions concerning documentation, programmes of civil and military instruction, and a better

²⁸ CE/COM IV/24 and 60.

²⁹ CE/COM IV/57.

knowledge of the law of armed conflicts. In this connection, he mentioned the “ Plan of action for National Societies in the dissemination and development of international humanitarian law applicable in armed conflicts ”, a plan which had recently been established by the ICRC. Reference was also made to an earlier suggestion to have legal advisers attached to military commanders.

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4.155 It was felt that this article would constitute an excellent basis for attempts to obtain the co-operation of international public opinion. It was observed, in this connection, that it might be useful to specify in the article that dissemination ought to take place at all levels. Programmes of military instruction should be possible for privates, non-commissioned officers and commissioned officers.³⁰

4.156 One expert pointed out that the draft article went further than the comparable articles common to the Conventions. There was no distinction in this draft between military and civil instruction programmes. The Conventions spoke of military and “ if possible ” civil instruction, and this in order to take account of the difficulties of a legislative order which might exist for federal States. The legal expert of the ICRC answered that the omission of the words “ if possible ” had been deliberate, and was intended to strengthen the obligation of all Contracting Parties under this article.

4.157 Some remarks were made concerning the wording of paragraph 2. Instead of the phrase in the French text “ devront connaître spécialement ” it would be better to read “ devront connaître d’une façon complète ”; and it seemed preferable to refer to “ the Conventions and the present Protocol ” rather than to the Protocol alone.

³⁰ CE/COM IV/66.

4.158 Article 76.—Dissemination

1. The High Contracting Parties undertake, in time of peace as in time of armed conflict, to disseminate the text of the present Protocol as widely as possible, in their respective countries, and, in particular, to include the study thereof in their programmes of military and civil instruction, so that it may become known to the armed forces and to the civilian population.

2. The military and civilian authorities who, in time of armed conflict, assume responsibilities in respect of protected persons and property, must be fully acquainted with the provisions of the present Protocol.

3. Proposal 1: [The High Contracting Parties shall, at least once every four years, forward to the International Committee of the Red Cross a report giving whatever information they think suitable concerning any measures being taken, prepared or contemplated by their respective administrations for the dissemination of the Conventions and of the present Protocol.]

Proposal 2: [The High Contracting Parties shall report to the Depositary State and to the International Committee of the Red Cross at intervals of three years on the measures they have taken in accordance with their obligations under paragraph 1 of this article.]

4.159 Views of experts who spoke on the drafts

On the whole, the experts approved this draft article, but there was no clear decision in favour of either of the proposed versions of paragraph 3.

INTERNATIONAL COMMITTEE OF THE RED CROSS

EXTERNAL ACTIVITIES

Indo-China

National Tracing Services

Between the end of December 1972 and mid-January 1973, National Red Cross Societies opened three offices to trace missing persons: in Saigon, Vientiane and Phnom-Penh. The ICRC has sent to these three towns specialists from its Central Tracing Agency to help the Societies organize the offices, prepare the necessary equipment (printing index cards in the local vernaculars, for example), and train local staff.¹ Work has already started on the registration of requests for news. At the same time, information campaigns have been launched through the press and over the radio in order to make the people and local authorities aware of the opening of these national tracing services.

Asian sub-continent

Messages transmitted in 1972

The three offices—in Islamabad, New Delhi and Dacca—opened by the ICRC Central Tracing Agency together with the National Red Cross Societies of Pakistan, India and Bangladesh handled a considerable volume of work in 1972. A total of nigh on five million messages were transmitted of which 1.5 million were civilian messages between Pakistan and Bangladesh and about 3 million were prisoner-of-war letters passing between India and Pakistan.

¹ *Plate.*

Transport of relief in Bangladesh

On 25 December 1971, a white plane bearing a red cross landed at Dacca with six delegates on board. This plane, lent by the Swiss Government to help ICRC relief work in Bangladesh, was the first to touch down at Dacca after the cessation of hostilities. It was at once used to carry food, medicaments and various emergency supplies to civilians sorely tried by events. A few days later, a second DC-6, likewise supplied by the Swiss Government, arrived to supplement the ICRC transport capacity.

These two planes carried over 11,000 tons of relief supplies in the Asian sub-continent and more especially in Bangladesh. Furthermore, some 8,000 persons were conveyed, apart from the sick and wounded prisoners of war who were repatriated to India and Pakistan.

The first DC-6 was released in June 1972.

As the situation no longer required the air-lift of relief supplies, the Swiss Government, with the agreement of the ICRC, terminated the mission of the second DC-6 at the end of 1972.

New Head of Delegation in India

Mr. Nils de Uthemann, who has been appointed Head of the ICRC Delegation in India, is directing the nine doctors and delegates whose main job is to visit Pakistani prisoners of war and civilian internees in some fifty camps. ICRC visits to these camps resumed early in February 1973 after having been suspended in January at the request of the Detaining Power.

ICRC delegates may freely visit these camps and may speak in private with any prisoners they choose. Reports on these visits are sent to the prisoners' own Government and to the Detaining Power.

Visit to Indian merchant seamen in Pakistan

In January 1973, ICRC delegates in Pakistan visited 62 Indian merchant seamen interned in Karachi and Hyderabad and near Quetta.

Middle East

Over the past few weeks, ICRC delegates in Israel and the Arab countries have paid several visits to prisoners of war with whom they have, as usual, been able to speak in private.

In Israel, visits were paid on 17 and 29 January 1973 to the 109 Arab prisoners of war (58 Egyptians, 41 Syrians and 10 Lebanese), interned in the Sarafand army camp. The five Syrian officers were visited on 18 and 30 January 1973.

In the Arab Republic of Egypt, the ten Israeli prisoners of war held in the Abassieh military prison were visited on 20 January 1973.

In Syria, the ICRC delegate visited the three Israeli prisoners of war on 20 January and 1 February 1973.

People's Democratic Republic of Yemen

The ICRC delegate in this country visited Mansoura Prison in Aden from 20 to 24 January 1973 when he saw 240 persons detained for political reasons.

Europe

The ICRC Central Tracing Agency having been asked to renew the "travel documents" of nearly 2,000 stateless Asians who left Uganda on 8 November 1972 and who are still lodged in transit camps around Europe, two Agency delegates went to Italy, Malta and Austria from 29 January to 3 February 1973, in order to

extend the validity of the documents to 31 July. Such a measure will not be repeated. One delegate visited four camps housing about 800 Asians in Southern Italy (Naples and Lecce) and a camp of about 360 persons at Valletta (Malta). The other delegate remained in Vienna where the U.N. High Commissioner for Refugees and the Inter-Governmental Committee for European Migration had centralized all the "travel documents" of the 649 Asians living in various camps in Austria.

Not only is the future uncertain for many of these stateless Asians but they also have to face the anxiety of being cut off from other members of their families, most of whom are in Great Britain. The delegates have also received many requests for news of relatives who have been missing since the events of November 1972.

ICRC President in Tunisia

From 18 to 25 February 1973, the President of the ICRC, Mr. Marcel A. Naville, and Mr. François Payot, Regional Delegate for North Africa, were on an official visit to Tunisia.

Accompanied by Dr. Fourati, President of the Tunisian Red Crescent, they were received in audience by the Head of the State, President Habib Bourguiba. Mr. Naville also met the Prime Minister, the Ministers of Defence, Justice, Health and Education, and a senior official of the Ministry of Foreign Affairs. Their talks were most productive and concerned essentially the development of international humanitarian law and the work of the ICRC, particularly in the Middle East.

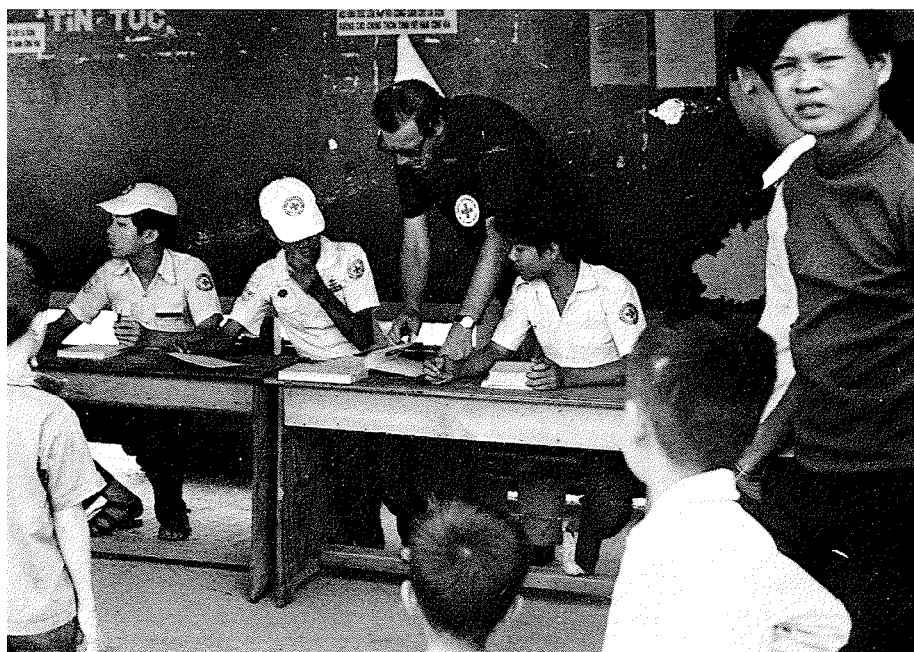
With leaders of the Tunisian Red Crescent, Mr. Naville visited the National Society's main installations.

Wherever it went, the ICRC delegation was warmly welcomed and encountered great understanding for the problems with which the Red Cross has to contend.



Syria: Flour distribution to displaced persons on the Golan Heights.

Republic of Vietnam: Members of the Junior Red Cross at Da Nang learn from the assistant head of the Geneva Central Tracing Agency how to fill in tracing request forms.





Dahomey: An ICRC delegate lectures representatives of the armed forces on Red Cross principles and the Geneva Conventions.

Khmer Republic: An ICRC delegate (*right*) presents the "Soldier's Manual" to representatives of the armed forces and to the President of the Khmer Red Cross.



*IN GENEVA***Meetings of advisory groups of experts**

The second session of the Conference of Government Experts, in May 1972, provided some very worthwhile results. Not all of the problems were covered, however, and the solutions proposed for some were far from meeting with unanimous approval. The ICRC therefore felt it necessary to call meetings of groups of government experts to help select questions and draft the finer points. Specific technical matters, too, called for consultation with specialists.

These advisory groups, which have been meeting since mid-January, will continue to do so until mid-March. The results of the discussions will help the ICRC to make great strides in its preparations for the Diplomatic Conference.

The first meeting, held at ICRC Headquarters from 15 to 19 January 1973, involved an advisory group of government experts, to which the ICRC submitted some of the more important general problems.

The participants in this advisory group were chosen in accordance with objective criteria, viz. experts who, at the second session of the Conference of Government Experts had held office as Vice-Chairmen of the Conference, Chairmen of the Commissions or Rapporteur. In addition, there were representatives of the five Great Powers—insofar as they were not covered by the first criterion—and, finally, Switzerland, as the Depositary State of the Geneva Conventions.

Complying with the wish expressed by several experts after the second session of the Conference of Government Experts, the ICRC convened this advisory group in an attempt to reduce the differences of opinion noted at the Conference. It was hoped thereby to facilitate negotiations at the Diplomatic Conference.

The group of experts discussed the protection of civilians, combatants, guerrilla warfare, Protecting Powers, and the field of application of the Protocol in non-international armed conflicts.

This made it possible to bring ideas on many points into line, facilitated the drafting of new proposals and made a useful contribution to the future work of the ICRC.

As it was not possible to examine all the matters covered by the two Protocols in one session, the experts asked, at the final meeting, that a second session be called to deal, first and foremost, with any new matters and also to review the drafting of some of the texts studied at the first session. The second session was held from 5 to 9 March 1973, with the same participants, who were joined by experts who had been unable to attend the first session.

The other advisory groups of experts meeting in Geneva until March are composed of technical experts whose prime objective is to facilitate the drafting of texts dealing with highly complex technical problems.

From 22 to 26 January, a meeting of experts was held to discuss the distinctive emblem to be used for civil defence. It was attended by nine countries and the International Civil Defence Organization.

At the second session of the Conference of Government Experts, the Sub-Commission on Civil Defence asked that, in accordance with the criteria set by the experts, the ICRC should carry out such studies as might be necessary in order to be able to propose a distinctive emblem for civil defence to the Diplomatic Conference.

Having examined the choice of colours, their proportions, the design, and the shape of the background to the emblem, and having taken into account the luminosity and visibility requirements, the experts finally settled on two proposals: a blue triangle on an orange background, or two vertical blue stripes on an orange background.

The experts also considered the provisions relating to civil

defence which were to be included in the Draft Protocols and they proposed some improvements to the article on identification.

From 29 January to 1 February, a group of six experts on penal law studied the wording of the articles on penal sanctions to be imposed on persons guilty of serious breaches of the Geneva Conventions.

Further consultations were held from 5 to 9 February. They were attended by technical experts on the problem of signalling and identification systems for medical transports by land, sea and air. The object of that meeting was to choose the identification systems which could be used and to settle technical problems relating to radio, radar and other forms of signalling.

Experts met from 26 February to 2 March, to study the effect of weapons causing needless suffering or striking indiscriminately, such as high-speed projectiles, multiple-fragmentation projectiles, and others. It was an effort parallel to, yet distinct from, the work on the two Draft Additional Protocols to the Geneva Convention. The study was in response to a recommendation made by the representatives of nineteen countries at the second session of the Conference of Government Experts.

Some ICRC Relief Consignment Statistics for Last Year

In those areas where its delegates operate, the ICRC provides relief supplies which it buys on the spot or sends from Geneva. These supplies go to persons who have suffered as the result of local events, to detainees, or to National Red Cross and Red Crescent Societies for their relief programmes.

The following figures of relief supplies sent by the ICRC in 1972 include gifts from the ICRC and from other sources, particularly from the Swiss Government and the European Economic Community (EEC):

Goods sent to *Africa* totalled almost 1.5 million Swiss francs; to *Latin America* 1.8 million; to the *Middle East* over 2 million; to *Asia* nearly 10 million. This last figure is particularly high owing to consignments to Bangladesh, including the second donation of flour by the EEC.

Africa : medicaments worth a total of 6,350 Swiss francs went to the National Societies of Gambia, Liberia, Rwanda and Sierra Leone. The EEC donated 2,635 tons of flour worth over 1.3 million Swiss francs to the Red Crescent of Sudan. The ICRC sent 61,000 Sw.fr. in cash to the National Societies of Lesotho, Madagascar, Mali, Niger, Senegal, Swaziland, Tanzania, Togo and Upper Volta. It also sent aid to two liberation movements: an ambulance worth 27,000 Sw. fr. for the RGAE and medicaments to a value of 25,000 Sw. fr. for the PAIGC.

Latin America : On behalf of the Swiss Government, the ICRC sent a gift of 30 tons of powdered milk (210,000 Sw. fr.) to the Red

Cross Societies of Guyana, Haiti, Honduras and Jamaica. The ICRC sent medicaments and first-aid kits to the National Societies of Argentina, Costa Rica, the Dominican Republic and Honduras (19,550 Sw. fr.).

Asia: The ICRC sent its delegation in Bangladesh 160,000 francs worth of medicaments. The balance of the gift from the EEC was 18,000 tons of flour (9.3 million Sw. fr.). The ICRC sent India 1 ton of powdered milk (7,000 Sw. fr.) provided by the Swiss Government and supplies for Pakistani prisoners of war in India (35,000 Sw. fr.). Medical supplies (62,650 Sw. fr.) were sent to Laos, the Khmer Republic and the Republic of Vietnam for the National Red Cross Societies. School equipment (8,000 Sw. fr.) was sent to Hanoi as a gift to the Lao Patriotic Front from the ICRC which also sent medicaments (31,500 fr.) to the Red Cross of the Democratic Republic of Vietnam.

Middle East: Two large consignments went to help the population of Israeli-occupied Jordan. They consisted of 20 tons of powdered milk, a gift from the Swiss Government (140,000 Sw. fr.), and 2,000 tons of wheat flour (1 million Sw. fr.) which was a gift from the EEC. Surgical equipment (9,000 Sw. fr.) was sent to the Arab Republic of Yemen. Finally, following recent events, two 15,000 Sw. fr. consignments of emergency medicaments went to the Arabian Peninsula, one for the Yemen Arab Republic and the other for the People's Democratic Republic of Yemen.

IN THE RED CROSS WORLD

COURSES ON THE LAW OF ARMED CONFLICT

In response to a wish frequently expressed by National Red Cross Societies that wide training be provided in the law of armed conflict, and pursuant to resolution 2852 (XXVI) of the General Assembly of the United Nations, calling upon "all States to disseminate widely information and to provide instruction concerning human rights in armed conflicts", the Henry Dunant Institute associated itself with the International Institute of Human Rights (René Cassin Foundation) and last year decided to hold a first series of courses on the law of armed conflict.¹

Several National Societies manifested interest, and some of their officials attended the session held in Strasbourg from 3 to 21 July 1972, which assembled 140 persons from sixty countries. Many Societies also asked to be informed about the course on the law of armed conflict and to be apprised of the text of the lectures. The Henry Dunant Institute has therefore decided to publish the lectures in separate volumes.

In co-operation with the International Institute of Human Rights (René Cassin Foundation), the Henry Dunant Institute is this year organizing a second series of courses on the law of armed conflict, to be held in Strasbourg from 2 to 20 July 1973. Lectures will be delivered by leading figures from different countries, on the following subjects:

¹ See *International Review of the Red Cross*, September, 1972.

The Law of Armed Conflict and Human Rights

(Mr. G. Best, Professor at Edinburgh University)

Non-International Armed Conflict and Human Rights

(Mr. I. Blishchenko, Professor at the Institute of International Relations, Moscow)

The International Committee of the Red Cross and its Delegations

(Mr. J. Moreillon, ICRC Delegate-General, Geneva)

The Protection of the Civilian Population during Armed Conflict

(Mr. A. Cassese, Professor of International Law at the University of Pisa)

National and International Repression of Violations of the Law of Armed Conflicts

(Mr. B. Roeling, Professor at the University of Groningen)

The courses will be followed by seminars and study groups on the application of humanitarian law. The documents relating to this series of courses on human rights and the law of armed conflict are being sent to National Societies and to Faculties of Law and Political Science the world over.¹

Lebanon

Many and useful are the activities of the Lebanese Red Cross. The following article, written by Miss Françoise Bory, ICRC press attaché, after a recent visit to that Society, shows this very clearly.

Any attempt at a brief description of the activities of the Lebanese Red Cross would be doomed to failure because those

¹ Various institutes and organizations are providing scholarships on this occasion. The Henry Dunant Institute is offering two scholarships of Fr. Fr. 500 each, to cover the cost of the stay at Strasbourg University, and two scholarships of Fr. Fr. 250 each. Further particulars can be obtained from the National Society of each country or direct from the Henry Dunant Institute, 3 rue de Varembe, 1202 Geneva. Requests for admission should reach the Henry Dunant Institute not later than 15 May 1973.

IN THE RED CROSS WORLD

activities are so varied. A visit to the National Society's headquarters alone convinces one of that. In addition to the directorate and administrative services, the premises on Spears Street in Beirut house a nursing school with some 120 pupils a year whom it prepares for the State diploma, with theoretical courses and practical training in the Beirut hospitals; a well-equipped blood bank run by three doctors and several nurses; a medical library, and, lastly, a number of bureaux: Red Cross Youth, voluntary workers, first-aiders and the medico-social service, to mention only a few.

Everywhere smiling young women, clad in a blue uniform, explain the essence of their work in a few words to the visitor, showing faultlessly up-to-date card indexes, photographs, figures and statistics. The big house is a hive of activity and ideas. In Lebanon, voluntary service is not an idle word. About a thousand persons are ready to give the Society their time at a moment's notice, on a telephone call, and Red Cross Youth now includes more than 3,500 schoolchildren who attend first-aid courses during playtime.

The Red Cross is doing a very big job for the population. Besides the aid which its chapters in southern Lebanon are rendering the victims of fighting, in the socio-medical field it acts by epidemic control, teaching the elementary principles of hygiene, and providing care.

In this spirit, the Gemmayzé dispensary, in a crowded district of Beirut, is a vivid example of what can be achieved by enthusiasm plus intelligence and tenacity. It was founded twenty-five years ago, in a small house with orange shutters. A steep staircase, painted white, leads to several rooms, all of which are also white.

The director, a social worker who has a nursing diploma, received us. Day after day, she and her voluntary helpers carry out their duties. In addition to medical consultations, which range from general medicine to stomatology, the centre is responsible for ante-natal information, child care and courses on hygiene.

However elementary the programme may be, here it is vital. There is a striking contrast between the standard of living in the business centre and in the poorer districts of Beirut, where statistics indicate a 50 per cent infant mortality rate.

"Girls get married at the age of thirteen or fourteen. By the time they are twenty-five, they may already have eight children and know nothing whatever", the director of the dispensary told us. "They have not the remotest idea about cleanliness or hygiene, and they have no money . . . Yet they are anxious to learn and take great pains once their confidence is won."

The courses are held in the large dispensary hall. On the morning of the visit, the young mothers were learning how to prepare a bottle. About a dozen of them were sitting on the benches with their children, wrapped in blankets, on their laps. One of them had registered at the centre that very morning. Under the veil, her face looked fierce with its tattoo-marks. She was seated cross-legged, and her slippers were lying on the floor. In front of her was a bundle containing the dirty rags which had clad her baby. Here, she, who had never washed her baby's clothes because there were no other clothes for it to wear, was going to learn how to sterilize the bottle before feeding the child.

Patience, understanding and, above all, great kindness would be needed to instil in her gradually, during the lessons, the elementary concepts of hygiene of which she was unaware after having had six children. Later, the dispensary's social worker would visit her and ascertain how her "pupil" was putting what she had learnt into practice. "It is a long and sometimes hard task, but how pleased we are with the results ! When you see properly fed, healthy, clean children who without your help might not have survived, you feel that your efforts were worth while !"

And that was what the visitor felt as she tiptoed out of the Gemmayzé dispensary. The voluntary workers looked up from what they were doing just long enough to smile, but no longer. There is no waste, no time is lost in chattering.

DISSEMINATION OF
THE GENEVA CONVENTIONS

KHMER REPUBLIC

According to the Khmer Red Cross Society, its efforts for the dissemination and development of international humanitarian law have had the following results since 1969:

The National Society has co-operated in translating *The Red Cross and My Country* which, with the *Teacher's Manual*, will shortly be printed and handed over to the Ministry of Education by the ICRC delegate at Phnom Penh.

A member of the Red Cross administrative council delivered a lecture on the Red Cross and the Geneva Conventions to the trainees at the Ministry of National Defence *Centre de formation des Cadres psychologiques*.

The Society's local committees in various provinces have also contributed considerably to the dissemination of the basic Red Cross principles and of the Conventions by explaining to the beneficiaries of relief distributions the significance of the Red Cross, its delegations and its mission.

The National Society has observed with satisfaction that the people, who have lived through two years of warfare, have acquired a much more extensive knowledge of the fundamental Red Cross principles. It is planning to distribute in the near future the booklet entitled "The Red Cross", translated into the national language, to various institutions as well as to its local committees.

The Ministry of National Defence of the Khmer Republic has had the *Soldier's Manual* translated and, with financial assistance from the ICRC, is having 25,000 copies printed. In December 1972, the ICRC delegation gave 400 copies to the military authorities in Battambang province, and in February 1973, 20,000 copies to the military authorities of the Republic.¹

* * *

¹ *Plate.*

NORWAY

Humanitarian Law.—Norwegian Red Cross (NRC) has established a group of experts covering international law, military and civil defence expertise and some information service experience.

The terms of reference for the group are:

1. to be a forum for exchange of views on all matters pertaining to humanitarian law applicable in armed conflicts;
2. to serve as consultants to Norwegian Red Cross in questions of development and dissemination of the Geneva Conventions;
3. to aid in the dissemination of knowledge of the Geneva Conventions.

Dissemination of knowledge.—The following steps have been taken:

1. NRC has printed and disseminated the Geneva Conventions throughout the Armed Forces.
2. NRC has produced a Summary of the Geneva Conventions which also has been distributed throughout the Armed Forces.
3. The Armed Forces have introduced provisions in conformity with the Geneva Conventions in their Rules and Regulations, which is an obligatory part of the military training for war.
4. NRC has made available experts for lectures concerning the Geneva Conventions in military courses.
5. Suggestions have been made to augment the time available in military schools for lectures in connection with the Geneva Conventions.
6. Suggestions have been made to make the administration of POWs an integral part of all military exercises in collaboration with the NRC Tracing Office.
7. Suggestions have been made to the universities to introduce the Geneva Conventions, through the Ministry of Education, in all elementary schools and colleges.

IN THE RED CROSS WORLD

The following new lines of approach will be tried:

- a. The main organizations for different professional groups of our society run extensive adult educational courses for their members. NRC is going to approach them to include the Geneva Conventions in their curricula. NRC will supply the necessary material.
- b. Supplying informative articles on questions of international law in special periodicals of different professions. Special articles in daily newspapers on actual problems in connection with the Geneva Conventions. The aforementioned group of experts have taken this as a responsibility.

Intensifying public involvement is considered to be of paramount importance, especially in connection with the development of international law in a humanitarian direction. States have always been reluctant because of military reasons. The reluctance may be influenced through public opinion. Articles in newspapers of informative character with propagandistic point may be very useful to this end. The aforementioned group of experts are fully aware of this opportunity.

But even in the preparation of all parts of the population to adhere to the Geneva Conventions in time of war, there is a need, not only for information, but also for involvement.

* * *

TOGO

The Togolese Red Cross Society recently described to the ICRC some of the activities it is carrying out in its campaign for spreading the principles of the Red Cross and the Geneva Conventions in Togo.

Several lectures, with films, aimed at a wide cross-section of the public, were organized throughout the country by the Togolese Red Cross, in co-operation with the ICRC Regional Delegate at Yaoundé. Other talks were also given to officers of the *Gendarmerie nationale*.

In order to draw the Government's attention to its obligations under the Geneva Conventions, documentary material, copies of the "Soldier's Manual" and ICRC posters were handed over to the General Staff and Central Command of the Togolese Armed Forces.

The University of Benin at Lomé was approached to introduce the teaching of the Geneva Conventions in its curricula of higher studies. In every issue of the bulletin published by the National Society appears an article referring to the significance of the international humanitarian Conventions, and the Junior Branch of the Red Cross, in their health promotion courses and Red Cross campaigns, inform their audiences about the Geneva Conventions.

More than 20,000 copies of the school textbook "The Red Cross and My Country", offered by the ICRC, have been distributed by the Ministry of National Education and by the Togolese Red Cross, a part having been sent through the Government to State schools in various parts of the country and the rest through the Red Cross in Lomé.

M I S C E L L A N E O U S

HONORARY DEGREE

Mr. J. Pictet, Doctor h. c. of Leyden University

The University of Leyden, in the Netherlands, awarded the degree of doctor *honoris causa* to Mr. Jean Pictet, ICRC Vice-President, at an official ceremony which took place on 8 February 1973, presided over by the University Rector, Professor A. E. Cohen, and attended by H. R. H. Princess Margriet of the Netherlands. After an address on the occasion of the University's 398th anniversary, the Rector presented the diploma to Mr. Pictet, whose career was outlined by Dr. F. Kalshoven, senior lecturer, in a speech in which he mentioned in particular Mr. Pictet's work and writings for the promotion of the Red Cross and international humanitarian law. He concluded by describing Mr. Pictet's important contribution to the "defence and advancement of humanitarian principles in a world where inhumanity is all too frequent".

In reply, Mr. Pictet expressed his gratitude for this distinction which did honour to his teachers, colleagues and collaborators. He referred to the determinant role of the Netherlands in the birth and development of the law of war. He concluded:

... Today, internationalists are aghast at the fearful escalation of violence throughout the world which strikes so many innocent people and bids fair to carry all before it; they are likewise awed at the increasing politicalisation of conflicts which results in victims' being used as a means for barter and sometimes considered as hostages.

Consequently we are obsessed with a doubt: will humanitarian law be accepted and applied for the benefit of people, or will civilisation destroy itself? Such is the dilemma. It is your generation—and it is to youth that I address myself—which will have the heavy responsibility of replying to that question.

We are some of those who see the rule of law as the only remedy to the evils which beset our troubled world. Humanitarian law adumbrates an era in which justice and charity will predominate over politics. Let us continue to fight for this cause without ever losing courage, for what is useful to the majority always triumphs in the long run.

The high honour awarded by the University of Leyden to Mr. Jean Pictet is a tribute also to the Red Cross principles as well as to him who revised them and gave them the clear and logical form which had become necessary.

MEDICAL ASSISTANTS IN AFRICA

The increasingly important role of medical auxiliaries within National Red Cross Societies and medical services has several times been referred to in the pages of International Review. Depending on the region, different names are given to them, such as medical assistant, medical aid, health worker, health officer, and so forth. Their functions may range from treating the commoner complaints by means of simple cures to more sophisticated methods calling for the application of various techniques.

In the USSR, for example, medical assistants do a great deal of useful work and are well qualified, being intimately acquainted with the people in their own district, to undertake prophylactic measures, give emergency medical treatment and first aid, and provide instruction on health matters. But medical assistants may also be of enormous help in many parts of the world where the shortage of doctors is widely felt, particularly in those developing countries where facilities for medical and nursing care are still inadequate for the whole of the population. According to Mr. King, in the Department of Social Medicine in the University of Zambia, Lusaka, the surest way to overcome this situation is to increase the number of medical assistants such as those already working in Sudan, Uganda, Kenya, Tanzania,

MISCELLANEOUS

Zambia and Rhodesia. There, they are the healers whom the sick know personally, and it is they who give initial treatment to their patients. In the WHO publication World Health (Geneva, June 1972), Mr. King describes the tasks discharged by medical assistants in some African countries. We give here some extracts from the article dealing with this subject of topical importance :

Child welfare services on any scale are a recent innovation in this part of the world. But both Zambia and Malawi now have under-five clinics at most health centres and in many sub-centres, and there are more than 500 of them in Zambia. However, the under-five clinic represents only the child welfare component of a complete maternal and child health service. Its associated antenatal care is still ill-developed, and family planning services are absent entirely. Yet even so these clinics provide a much needed service in the supervision of a child's development, in immunization and in health education. Their success is due almost entirely to the devoted efforts of the medical assistants who regularly cycle miles to hold clinics in outlying villages. How to run an under-five clinic is now part of the initial training of most medical assistants. Those already in service had to be trained on short courses held at district centres and subsequently supervised by expatriate volunteer nurses (Zambia) and peace corps generalists (Malawi). An increasing number of under-five clinics now also provide antenatal care, and should national policy be altered to favour family planning services, training in this field could readily be added.

In Uganda, where two-thirds of the surgical beds in a hospital may be filled with trauma patients, one of the best developed specialities for the medical assistant is orthopaedic surgery. Staff have been trained in sufficient numbers to provide each district hospital with at least one such assistant capable of applying plaster casts and setting up balanced traction, as well as giving useful service as a physiotherapist. These assistants thus allow surgeons to care for many more patients than would otherwise be possible.

In Zambia, one of the best established of the medical assistants' specialities is psychiatry. A special cadre of psychiatric medical assistants staffs all the provincial and many of the district hospitals, as well as the central mental hospital. By supporting the small

number of psychiatrists available, they greatly extend the psychiatric care that can be provided.

Anaesthesia is another long-established role for the medical assistants in Zambia. In the larger hospitals they practise under the legal supervision of an anaesthetist, and in the smaller ones under the eye of the surgeon. Many have become very competent and experienced.

Zambia also has medical assistants who have specialized in leprosy control after training at the leprosy centre at Addis Ababa. One is posted to each province, and it is generally agreed that they are much better diagnosticians in this field than most doctors.

The medical assistant has also proved useful as an administrator, and several have been promoted to senior posts in the Ministry of Health. Each province also has a provincial medical assistant who is responsible for the routine administration of the health centres of his province.

In Zambia, other medical assistants have taken on specialized tasks in health education. Some are operating-theatre technicians, and others take part in the administration of central sterile supply departments. They also play important roles in the school medical services and as instructors in the school where they themselves trained. These fields by no means limit the more specialized scope of the medical assistant. He could well be usefully trained for further work in administration and in an accident service, for example.

Some medical assistants have become particularly effective in these specialized fields because they have worked in close association with doctors who have passed on to them many of their own skills during their initial training, by regular on-the-job teaching, and through formal refresher courses. These courses have become an increasingly important part of the continued training of medical assistants and are now held regularly in many provincial centres.

Countries without medical assistants must use doctors or nurses for these specialized tasks. By virtue of his training, which is more broadly based than that of the nurse, and which is more concerned with diagnosis and treatment, the medical assistant adapts particularly well to specialized work of this kind.

Only in Tanzania has it become the regular practice to "move

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staff up the pyramid ". A junior cadre of rural medical aids (RMA) has three years of vocational training after leaving primary school. Medical assistants start three years of vocational training after two to four years of secondary schooling. Between them and the doctors, there is a further cadre, the assistant medical officers (AMO) who are officially addressed as *Doctor*. Some AMOs were promoted from the medical assistant cadre. As a result of their practical experience, continued training, and rigorous selection, these AMOs are considered to be among the best doctors in Tanzania.

Rural medical aids can also be upgraded to medical assistants; so, potentially at least, they also have a doctor's stethoscope in their pockets, although their final ascent to the rank of AMO is exceptional.

This four-tier system is peculiar to Tanzania, and no provision is normally made for a medical assistant to jump the gap to doctor. The equivalent of not less than four years of education is usually maintained between them.

Acceptance as a member of a team must be earned through work well done, and this in turn requires the right training in accordance with an appropriate job description and carefully defined educational objectives. But these are recent developments. The first medical assistants were accepted with only primary education, but as time has passed and educational facilities have improved, applicants with more secondary education have become available. Thus Uganda has now no lack of applicants with four years of secondary schooling, and this is increasingly becoming the pattern in other countries of the region also. Vocational training normally takes three years, but in Malawi it has, on occasion, taken as long as five.

In some countries, early medical assistant training resembled a modified medical course. But there have been periods when it was mostly provided by nursing tutors, and varied little from the conventional training of a nurse. Too often, trainee medical assistants have been considered mainly as pairs of extra hands about a busy hospital. Recently, however, their training has been increasingly taken over by doctors, usually assisted by carefully chosen medical assistant tutors, and has moved to special schools outside the precincts of a hospital. It is increasingly based on health cen-

tres, and its nursing component has been much reduced. This nursing experience still, however, plays a useful part in that it provides young students with practical training in a disciplined medical environment.

There are difficulties. The curricula are not nearly as well developed as those for doctors. There is a serious shortage of suitable texts (especially in the vernacular where this is necessary) and of visual aids, although some improvements are under way. Recently, *Afya*, a most useful journal for medical assistants, has become available. A really suitable basic science course has proved difficult to devise, and teachers have not been easy to find. Some of the most suitable teachers for the early part of the course are science-trained school teachers. This is a field where the expatriate volunteer could be especially valuable.

Two doctors and their helpers run the school in Lusaka. Between them, they train more than 50 medical assistants a year—an average of one assistant for each doctor on the staff every fortnight. Such productivity compares favourably with that of a medical school, in which each staff member produces not more than one doctor a year. From the point of view of what an individual doctor might do, there can hardly be any more effective answer to the challenge that we should care for *all* the people.

TWO ICRC PUBLICATIONS

The ICRC, working on the preparation of the Draft Protocols which are to be submitted to the Diplomatic Conference scheduled to take place early in 1974, convened two sessions of a Conference of Government Experts, on each of which a report has been issued. These two reports, bearing the same title, may be obtained from the ICRC:

“Conference of Government Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts”—First session, Geneva, 1971.

Report on the Work of the Conference

Geneva, 1971 : 8vo, 121 pp. Sw. Fr. 15.—

*

“Conference of Government Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts”—Second session, Geneva, 1972.

Report on the Work of the Conference

Geneva, 1972 : 8vo, vol. I	209 pp.	{ Sw. Fr. 25.— the 2 volumes
vol. II	116 pp.	

EXTRACT FROM THE STATUTES OF
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON 25 SEPTEMBER 1952)

ART. 1. — The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.¹

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be “*Inter arma caritas*”.

ART. 4. — The special rôle of the ICRC shall be:

- (a) to maintain the fundamental and permanent principles of the Red Cross, namely: impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;

¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term “National Red Cross Societies” includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any question requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.



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- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARGENTINA — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna IV*.
- BAHRAIN — Bahrain Red Crescent Society, P.O. Box 882, *Manama*.
- BELGIUM — Belgian Red Cross, 98 Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simón Bolívar, 1515 (Casilla 741), *La Paz*.
- BOTSWANA — Botswana Red Cross Society, Independence Avenue, P.O. Box 485, *Gaborone*.
- BRAZIL — Brazilian Red Cross, Praça Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S. S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42 Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324, *Bujumbura*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto 284 (Ontario)*.
- CHILE — Chilean Red Cross, Avenida Santa María 0150, Correo 21, Casilla 246V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65, Apartado nacional 1110, *Bogotá D.E.*
- COSTA RICA — Costa Rican Red Cross, Calle 5a, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, DK-1471 *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Juan Enrique Dunant, Ensanche Miraflores, Apartado Postal 1293, *Santo Domingo*.
- ECUADOR — Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia 118, *Quito*.
- EGYPT (Arab Republic of) — Egyptian Red Crescent Society, 34 rue Ramses, *Cairo*.
- EL SALVADOR — El Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 14168, *Helsinki 14*.
- FRANCE — French Red Cross, 17, rue Quentin Bauchart, F-75384 *Paris*, CEDEX 08.
- GERMAN DEMOCRATIC REPUBLIC — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, D 801 *Dresden 1*.
- FEDERAL REPUBLIC OF GERMANY — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300, *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, *Accra*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3a Calle 8-40, Zona 1, *Ciudad de Guatemala*.
- GUYANA — Guyana Red Cross, P.O. Box 351, Eve Leary, *Georgetown*.
- HAITI — Haiti Red Cross, Place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Øldugútu 4, Post Box 872, *Reykjavik*.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Djalan Abdulmuhs 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Tehran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12 via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 1-1-5 Shiba Daimon, Minato-Ku, *Tokyo 105*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, St Johns Gate, P.O. Box 40712, *Nairobi*.
- KHMER REPUBLIC — Khmer Red Cross, 17 Vithei Croix-Rouge khmère, P.O.B. 94, *Phnom-Penh*.
- KOREA (Democratic People's Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyeongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3Ka Nam San-Dong, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1359, *Kuwait*.
- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.

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- LESOTHO — Lesotho Red Cross Society, P.O. Box 366, *Maseru*.
- LIBERIA — Liberian National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB REPUBLIC — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, FL-9490 *Vaduz*.
- LUXEMBOURG — Luxembourg Red Cross, Parc de la Ville, C.P. 1806, *Luxembourg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clémenceau, P.O. Box 1168, *Tananarive*.
- MALAWI — Malawi Red Cross, Hall Road, *Blantyre* (P.O. Box 30080, Chichiri, *Blantyre 3*).
- MALAYSIA — Malaysians Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI — Mali Red Cross, B.P. 280, route de Koulikora, *Bamako*.
- MEXICO — Mexican Red Cross, Avenida Ejército Nacional n° 1032, *México 10, D.F.*
- MONACO — Red Cross of Monaco, 27 boul. de Suisse, *Monte Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan Bator*.
- MOROCCO — Moroccan Red Crescent, rue Benzakour, B.P. 189, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureswar, P.B. 217, *Kathmandu*.
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- NIGERIA — Nigerian Red Cross Society, Eko Akete Close, off St. Gregory Rd., Onikan, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Dr Dawood Pota Road, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, Zona 1, *Panamá*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU — Peruvian Red Cross, Jirón Chancay 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila D-406*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- ROMANIA — Red Cross of the Socialist Republic of Romania, Strada Biserica Amzei 29, *Bucarest*.
- SAN MARINO — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOMALI REPUBLIC — Somali Red Crescent Society, P.O. Box 937, *Mogadishu*.
- SOUTH AFRICA — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid 10*.
- SRI LANKA (Ceylon) — Red Cross Society of the Republic of Sri Lanka, 106 Dharmapala Mawatha, *Colombo 7*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, 10440, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, *3001 Berne*.
- SYRIA — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA — Tanganyika Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, 51, rue Boko Soga, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 105, Woodford Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 19 rue d'Angleterre, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA — Uganda Red Cross, Nabunya Road, P.O. Box 494, *Kampala*.
- UNITED KINGDOM — British Red Cross, 9 Grosvenor Crescent, *London, S.W.1 X 7 EJ*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 20006, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow W-36*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM ((Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68 rue Bà-Trìêu, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201 duong Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Red Cross of Yugoslavia, Simina ulica broj 19, *Belgrade*.
- ZAIRE (Republic of) — Red Cross of the Republic of Zaire, 41 av. de la Justice, B.P. 1712, *Kinshasa*.
- ZAMBIA — Zambia Red Cross, P.O. Box R.W.1, Ridgeway, *Lusaka*.